

Whereas African American men are 70 percent more likely to die from a stroke than non-Hispanic White men;

Whereas Hispanics are twice as likely as non-Hispanic Whites to be hospitalized for end-stage renal disease caused by diabetes, and are 30 percent more likely to die of diabetes, than non-Hispanic Whites;

Whereas Asian Americans are 40 percent more likely to be diagnosed with diabetes than non-Hispanic Whites;

Whereas the HIV or AIDS case rate among Hispanic men is more than 4 times the HIV or AIDS case rate among non-Hispanic White men;

Whereas Hispanic women are 3 times as likely as non-Hispanic White women to die of HIV infection;

Whereas, in 2019, although African Americans represented only 13 percent of the population of the United States, African Americans accounted for 42.1 percent of new HIV diagnoses;

Whereas, in 2019, African American youth accounted for more than 50 percent, and Hispanic youth accounted for more than 10 percent, of all new HIV diagnoses among youth in the United States;

Whereas, in 2019, Native Hawaiians and Pacific Islanders were 2.4 times more likely to be diagnosed with HIV than non-Hispanic Whites;

Whereas, in 2018, Native Hawaiians and Pacific Islanders were 2.5 times more likely to be diagnosed with diabetes than non-Hispanic Whites;

Whereas Native Hawaiian and Pacific Islander men are 10 percent more likely to die from cancer than non-Hispanic White men;

Whereas, although the prevalence of obesity is high among all population groups in the United States, 48.1 percent of American Indian and Alaska Natives, 51.7 percent of Native Hawaiians and Pacific Islanders, 38.3 percent of African Americans, 34.9 percent of Hispanics, 30 percent of non-Hispanic Whites, and 13 percent of Asian Americans older than 18 years old were obese (not including overweight);

Whereas Asian Americans accounted for 30.1 percent of chronic Hepatitis B cases, and non-Hispanic Whites accounted for 13.5 percent of chronic Hepatitis B cases;

Whereas heart disease, stroke, cancer, and diabetes are some of the leading causes of death among American Indians and Alaska Natives;

Whereas American Indians and Alaska Natives have higher prevalence and are at a higher risk of diabetes, substance use, obesity, sudden infant death syndrome, and suicide than other groups in the United States;

Whereas American Indians and Alaska Natives have a life expectancy that is 2.2 years shorter than the life expectancy of the overall population of the United States;

Whereas African American women die from childbirth or pregnancy-related causes at a rate that is 3 to 4 times higher than the rate for non-Hispanic White women;

Whereas African American infants are 4 times more likely to die due to complications related to low birth weight than non-Hispanic White infants;

Whereas American Indians and Alaska Natives have an infant mortality rate twice as high as that of non-Hispanic Whites;

Whereas American Indian and Alaska Native infants are 2.7 times more likely to die from accidental deaths before their first birthday than non-Hispanic White infants;

Whereas approximately 1,000 babies are born with sickle cell disease each year in the United States, with the disease occurring in approximately 1 in 365 newborn Black or African-American infants and 1 in 16,300 newborn Hispanic-American infants, and can be

found in individuals of Mediterranean, Middle Eastern, Asian, and Indian origin;

Whereas the 2021 National Healthcare Quality and Disparities Report found African Americans received worse care than non-Hispanic Whites for about 43 percent of quality measures, American Indians and Alaska Natives received worse care than non-Hispanic Whites for about 40 percent of quality measures, Hispanics received worse care than non-Hispanic Whites for 36 percent of quality measures, and Asian Americans and Native Hawaiians and Pacific Islanders received worse care than non-Hispanic Whites for nearly 30 percent of quality measures;

Whereas nearly 25 percent of reported COVID-19 cases are among Hispanics compared to less than 55 percent comprising non-Hispanic Whites;

Whereas 3 times more American Indians and Alaska Natives, 2.3 times more Hispanics, and 2.4 times more African Americans were hospitalized due to COVID-19 compared to non-Hispanic Whites;

Whereas significant differences in social determinants of health can lead to poor health outcomes and declines in life expectancy; and

Whereas community-based health care initiatives, such as prevention-focused programs, present a unique opportunity to use innovative approaches to improve public health and health care practices across the United States and to reduce disparities among racial and ethnic minority populations: Now, therefore, be it

Resolved, That the Senate supports the goals and ideals of National Minority Health Month in April 2022, which include bringing attention to the health disparities faced by minority populations in the United States, such as American Indians, Alaska Natives, Asian Americans, African Americans, Hispanics, and Native Hawaiians or other Pacific Islanders.

SENATE RESOLUTION 614—DESIGNATING JULY 20, 2022, AS “GLIOBLASTOMA AWARENESS DAY”

Mr. GRAHAM (for himself, Ms. SNEEMA, Mr. KELLY, Mr. COONS, Ms. WARREN, Mr. MARKEY, and Mr. SCOTT of South Carolina) submitted the following resolution; which was considered and agreed to:

S. RES. 614

Whereas approximately 13,460 new cases of glioblastoma will be diagnosed in the United States in 2022;

Whereas glioblastoma is—

(1) the most common malignant brain tumor, accounting for approximately 1/2 of all primary malignant brain tumors; and

(2) the most aggressive, complex, difficult to treat, and deadly type of brain tumor;

Whereas it is estimated that more than 10,000 individuals in the United States will succumb to glioblastoma each year;

Whereas the 5-year survival rate for glioblastoma patients is only 6.8 percent, and the median length of survival for glioblastoma patients is only 8 months;

Whereas glioblastoma is described as a disease that affects the “essence of self”, as the treatment and removal of glioblastoma presents significant challenges due to the uniquely complex and fragile nature of the brain, the primary organ in the human body that controls not only cognitive ability, but also the actions of every organ and limb;

Whereas patients and caregivers play a critical role in furthering research for glioblastoma;

Whereas, relative to other types of cancers, brain cancer patients pay the second highest

out-of-pocket costs for medical services in both the initial and end-of life phases of care;

Whereas, although research advances may fuel the development of new treatments for glioblastoma, challenging obstacles to accelerating progress toward new treatments for glioblastoma remain, and there are no screening or early detection methods;

Whereas, in 2021, the World Health Organization reclassified brain tumors and made significant changes to the molecular characteristics of a glioblastoma diagnosis, necessitating critical biomarker testing for patients suspected of having a possible glioblastoma;

Whereas, although glioblastoma was first described in medical and scientific literature in the 1920s, and despite its devastating prognosis, only 4 drugs and 1 medical device have been approved by the Food and Drug Administration to treat glioblastoma since the 1920s, and the mortality rates associated with glioblastoma have changed little during the past 30 years;

Whereas, in 2020, the National Cancer Institute established the Glioblastoma Therapeutics Network (referred to in this preamble as “GTN”), as part of a national infrastructure to enhance and support the discovery and development of glioblastoma therapies available for multi-institutional GTN teams to drive therapeutic agents through pre-clinical studies and early-phase clinical trials, which are necessary to rapidly evaluate potential treatments to advance toward cures and improved quality of life; and

Whereas there is a need for greater public awareness of glioblastoma, including awareness of both—

(1) the urgent unmet medical needs of glioblastoma patients; and

(2) the opportunities for research of, and treatment advances for, glioblastoma: Now, therefore, be it

Resolved, That the Senate—

(1) designates July 20, 2022, as “Glioblastoma Awareness Day”;

(2) encourages increased public awareness of glioblastoma;

(3) honors the individuals who have died from glioblastoma, a devastating disease, or are currently living with it;

(4) supports efforts to develop better treatments for glioblastoma that will improve the long-term prognosis for, and the quality of life of, individuals diagnosed with the disease;

(5) recognizes the importance of molecular biomarker testing to the diagnosis and treatment of glioblastoma;

(6) expresses support for the individuals who are battling brain tumors, as well as the families, friends, and caregivers of those individuals;

(7) urges a collaborative approach to brain tumor research among governmental, private, and nonprofit organizations, which is a promising means of advancing the understanding and treatment of glioblastoma; and

(8) encourages continued investments in glioblastoma research and treatments, including through the Glioblastoma Therapeutics Network and other existing brain tumor research resources.

SENATE RESOLUTION 615—EX-
PRESSING APPRECIATION FOR
THE EFFORTS OF THE REPUBLIC
OF POLAND TO ASSIST UKRAIN-
IAN REFUGEES AND SUPPORT
THE SOVEREIGNTY OF UKRAINE
FOLLOWING THE RUSSIAN INVA-
SION OF UKRAINE

Mr. COONS (for himself, Mr. BLUNT, Mr. DURBIN, and Mr. PORTMAN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 615

Whereas, on February 24, 2022, Russian Federation President Vladimir Putin instigated an unprovoked, unjustified, and unlawful war by violating the territorial integrity of the sovereign country of Ukraine;

Whereas, as of May 3, 2022, more than 5,500,000 Ukrainians have fled Ukraine since the Russian Federation began its invasion;

Whereas the Republic of Poland has played a critical role in responding to the influx of Ukrainian refugees into Europe, admitting more than half of the Ukrainians who have fled from the conflict;

Whereas the Republic of Poland has accepted more Ukrainian refugees than any other country, admitting more than 3,000,000 Ukrainian refugees as of May 3, 2022;

Whereas, prior to the invasion, the Republic of Poland had admitted more than 1,500,000 Ukrainians since 2014, when the Russian Federation illegally annexed the Crimea region of Ukraine and started a separatist conflict in eastern Ukraine;

Whereas the Republic of Poland continues to provide critical services to Ukrainian refugees in the Republic of Poland, including access to the Polish labor market, health care system, education, and social benefits;

Whereas the people of the Republic of Poland have joined their government in responding to Ukrainian refugees with generosity, leadership, and resolve, including by welcoming Ukrainian refugees into their homes;

Whereas the leaders of the Republic of Poland supported Ukrainian sovereignty and advocated for the need for a united front against Russian aggression prior to the invasion of Ukraine;

Whereas the Republic of Poland has facilitated the shipment of humanitarian assistance into Ukraine by collecting and sending aid into Ukraine and by serving as a transit hub, simplifying border crossing procedures, and waiving road tolls for aid trucks;

Whereas the Republic of Poland continues to provide vital military assistance to Ukraine and serves as a crucial transit hub for sending international military supplies and equipment into Ukraine;

Whereas the Republic of Poland is a key partner in deterrence efforts against additional Russian aggression in Eastern Europe, including through their hosting of approximately 10,000 United States troops;

Whereas the Republic of Poland has hosted the United States Embassy Kyiv during its temporary relocation, supporting the vital work of the Department of State of assisting United States citizens and their families departing Ukraine;

Whereas Poland is a crucial member of the North Atlantic Treaty Organization alliance and a historic friend of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) thanks the Republic of Poland for its pivotal role accepting Ukrainian refugees; and

(2) appreciates the ongoing support of the Republic of Poland for the sovereignty and

territorial integrity of Ukraine, including through the North Atlantic Treaty Organization alliance.

SENATE CONCURRENT RESOLU-
TION 38—DECLARING A STATE
OF EMERGENCY DUE TO THE
RUSSIAN INVASION OF UKRAINE,
IN ORDER TO ESTABLISH A
WAIVER OF THE MINIMUM TON-
NAGE REQUIREMENTS OF SEC-
TION 55305 OF TITLE 46, UNITED
STATES CODE

Ms. ERNST (for herself and Mr. COONS) submitted the following concurrent resolution; which was referred to the Committee on Commerce, Science, and Transportation:

S. CON. RES. 38

Whereas, in February 2014, the Russian military invaded and annexed the Ukrainian peninsula of Crimea, and the Russian Federation took action to establish pro-Russian separatist states in the Donbas region of Ukraine;

Whereas, the Russian Federation has failed to follow the cease-fire agreements established by the Minsk 1 and Minsk 2 accords, and conflict has been ongoing in Ukraine since such invasion and annexation;

Whereas, throughout 2021, Russia amassed troops, weapon systems, and military hardware on the border of Russia and Ukraine;

Whereas, on December 17, 2021, the Russian Federation presented the North Atlantic Treaty Organization (referred to in this preamble as “NATO”) with a list of security demands, including that NATO would never allow Ukraine, or other former Soviet states, into the alliance;

Whereas such demands are counter to NATO’s “open door policy”, which dates to the alliance’s founding and gives no third party a say in such deliberations;

Whereas, on February 21, 2022, President Vladimir Putin officially recognized the regions of Donetsk and Luhansk as independent states despite international consensus that those regions remain part of the sovereign territory of Ukraine;

Whereas, on February 22, 2022, President Putin ordered Russian troops to enter Donetsk and Luhansk on a “peacekeeping mission” while setting the stage for a larger invasion;

Whereas, on February 24, 2022, President Putin ordered Russian forces to conduct a full-scale invasion, moving beyond the regions of Donetsk and Luhansk, and initiating attacks throughout broader Ukrainian territory;

Whereas Russian forces continue to devastate Ukraine’s hospitals, schools, homes, and other civilian infrastructure, and threaten nuclear power plants with heavy artillery, multi-launch rocket systems, and munitions systems, with no regard for civilian casualties;

Whereas, an October 19, 2017, Government Accountability Office Report stated that a “2015 analysis of agency data found that the application of [Cargo Preference for Food Aid (CPFA)] requirements increased United States Agency for International Development’s and United States Department of Agriculture’s costs for shipping food aid by about 23 percent, or \$107 million, compared with the estimated shipping costs without application of CPFA requirements, from April 2011 through fiscal year 2014.”;

Whereas, in a United States Agency for International Development fact sheet titled: “Food Aid Reform: Behind the Numbers”, the United States Agency for International

Development stated that eliminating the mandatory cargo preference reimbursements will reduce the deficit by an estimated \$50,000,000 per year;

Whereas, in March 2020, the American Enterprise Institute published a report titled “The Cost of Cargo Preferences for International Food Aid Programs”, which—

(1) found “that removing cargo preference requirements would allow for between \$36 and \$64 million of already appropriated funds to go to feeding the hungry and would benefit U.S. soft power globally”; and

(2) concluded that “cargo preference for food aid imposes substantial costs on USAID’s Title II program budget. . . The impacts are substantial, reducing the funds available for additional food aid programs by \$52.83 million a year.”;

Whereas, in a March 25, 2022, information note titled “The importance of Ukraine and the Russian Federation for global agricultural markets and the risks associated with the current conflict”, the Food and Agriculture Organization (referred to in this preamble as the “FAO”) of the United Nations stated that—

(1) the invasion of Ukraine could raise food prices “by 8 to 22 percent above their already elevated baseline levels”;

(2) “current indications are that, as a result of the conflict, between 20 and 30 percent of areas sown to winter crops in Ukraine will remain unharvested during the 2022/23 season, with the yields of these crops also likely to be adversely affected”; and

(3) “FAO’s simulations suggest that under such a scenario, the global number of undernourished people could increase by 8 to 13 million people in 2022/23, with the most pronounced increases taking place in Asia-Pacific, followed by sub-Saharan Africa, and the Near East and North Africa.”;

Whereas, on April 8, 2022, the Associated Press published that “The U.N. Food and Agriculture Organization said its Food Price Index, which tracks monthly changes in international prices for a basket of commodities, averaged 159.3 points last month, up 12.6% from February”, and that “As it is, the February index was the highest level since its inception in 1990.”;

Whereas, on April 27, 2022, the United States Agency for International Development said in a press release that “The world is suffering from historic levels of global food insecurity, which is being exacerbated by the impact Russia’s war on Ukraine is having on global food supplies. Available estimates suggest that an additional 40 million people could be pushed into poverty and food insecurity as a result of Russia’s aggression.”;

Whereas, on April 27, 2022, the Administrator of the United States Agency for International Development, Samantha Power, said that “In Ukraine, which provides 10 percent of the world’s wheat, farmers are struggling to plant and harvest their crops for fear of shelling and Russian landmines, and their path to exporting these vital commodities is severely restricted by Russia’s invasion, which caused the closure of Ukraine’s ports.”; and

Whereas, on April 27, 2022, Secretary of Agriculture Tom Vilsack, said that “Russia’s unprovoked war on Ukraine, a fellow major agricultural export country, is driving food and energy costs higher for people around the world.”; Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That—

(1) a state of emergency exists due to the Russian invasion of Ukraine;

(2) such state of emergency—

(A) for the purposes of subparagraph (B), shall be in effect beginning on May 1, 2022, and ending on February 1, 2025; and